



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Application No.:

SIFFERT, W.

Group: Examiner:

1655

Filed: For:

09/836,697 04/16/2001

Carla Myers

THE USE OF A GENETIC MODIFICATION IN THE GENE FOR HUMAN G

PROTEIN β3 SUBUNIT FOR THE DIAGNOSIS OF DISEASES

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

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Nicole M. Gignac

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PTO/SB/21 (05-03) Approved for use through 04/30/2003. OMB 0651-0031

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Application Number

09/836,697

TRANSMITTAL

Filing Date ECH CENTER 1600 COOR TRANSMITTAL Filing Date 04/16/2001 **FORM** First Named Inventor Winfried Siffert Art Unit (to be used for all correspondence after initial filing) 1655 Examiner Name Carla Myers Attorney Docket Number 741135-000010-C Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication X Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to Group X Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Extension of Time Request Identify below): Certificate of Mailing; Check -Request for Refund Express Abandonment Request \$465.00; Return Receipt Postcard. CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ The Commissioner is authorized to charge the NIXON PEABODY LLP Deposit Incomplete Application Account No. 50-0850 for any deficiencies associated with this submission. Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm David S. Resnick (Reg. No. 34,235) Individual name NIXQN PEABODY LLP, 101 Federal Street, Boston, MA 02110 Signature Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

the date shown below. Washington, DC 20231 on this date:

Typed or printed name Nicole M. Gignac Signature Date 07/10/2003

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FEE TRANSMITTAL

for FY 2003

Application Number Filing Date

Filed Named Inventor

Effective 01/01/2003. Patent fees are subject to annual revision.

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 465.00

| Application Number | 09/836,697 | -CO |
|----------------------|-----------------|-------|
| Filing Date | 04/16/2001 | 1111 |
| First Named Inventor | W. Siffert | 410 |
| Examiner Name | C. Myers | 1000 |
| Art Unit | 1655 | VED . |
| Attorney Docket No. | 741135-000010-C | 1600 |

Compl te if Known

| TOTAL AMOUNT OF PAYMENT (\$) 465.00 | | Attorr | ney Do | cket I | No. 741135-000010-C | 60n |
|---|--------------|-------------|-------------|-------------|---|------------------|
| METHOD OF PAYMENT (check all that apply) | | | | FE | E CALCULATION (continued) | 60 _{0,} |
| X Check Credit card Money Other None | 3. A | DDITI | ONA | L FE | ES . | |
| X Deposit Account: | <u>Large</u> | Entity | Smal | I Entity | ¥ | |
| Deposit | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | |
| Account Number 50-0850 for deficiencies | 1051 | 130 | 2051 | (#) 65 | Surcharge - late filing fee or oath | Fee Paid |
| Deposit Account NIXON PEABODY LLP | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or | |
| Name L | 1053 | 130 | 1053 | 130 | cover sheet Non-English specification | |
| The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments | | 2,520 | l | | For filing a request for ex parte reexamination | |
| Charge any additional fee(s) during the pendency of this application | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| Charge fee(s) indicated below, except for the filing fee | 1805 | 1,840* | 1805 | 1,840* | * Requesting publication of SIR after | |
| to the above-identified deposit account. | 4054 | 440 | 0054 | | Examiner action | |
| FEE CALCULATION | 1251 1252 | 110 410 | 2251 | 55 205 | Extension for reply within first month Extension for reply within second month | |
| 1. BASIC FILING FEE | 1252 | 930 | 2252 | | • • | 465.00 |
| Large Entity Small Entity F <u>ee Fee Fee Fee Fee Description</u> Fee Paid | 1253 | | 2253 | | Extension for reply within third month | 403.00 |
| Code (\$) Code (\$) | | | 2254 | | Extension for reply within fourth month | |
| 1001 750 2001 375 Utility filing fee | 1255 | | 2255 | | Extension for reply within fifth month | |
| 1002 330 2002 165 Design filing fee | 1401 | 320 | 2401 | | Notice of Appeal | |
| 1003 520 2003 260 Plant filing fee | 1402 | 320 | 2402 | | Filing brief in support of an appeal | |
| 1004 750 2004 375 Reissue filing fee | 1403 | 280 | 2403 | 140 | Request for oral hearing | |
| 1005 160 2005 80 Provisional filing fee | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | |
| SUBTOTAL (1) (\$) | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional | |
| Fee from | 1501 | · 1 | 2501 | 650 | Utility issue fee (or reissue) | |
| Extra Claims below Fee Paid Total Claims X = | 1502 | 470 | 2502 | 235 | Design issue fee | |
| Independent | 1503 | 630 | 2503 | 315 | Plant issue fee | |
| Claims — 3 — 4 — 4 — 4 — 4 — 4 — 4 — 4 — 4 — 4 | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | |
| ` ' | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| Large Entity Small Entity Fee Fee Fee Fee Fee Description | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| Code (\$) Code (\$) | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3 | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1203 280 2203 140 Multiple dependent claim, if not paid | 1810 | 750 | 2810 | 375 | For each additional invention to be | |
| 1204 84 2204 42 ** Reissue independent claims over original patent | 1801 | 750 | 2801 | 375 | examined (37 CFR 1.129(b)) Request for Continued Examination (RCE) | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 | 1802 | 900 | 1802 | 900 | Request for expedited examination | |
| and over original patent | Other | fee (spe | oifu) | | of a design application | |
| SUBTOTAL (2) (\$) | | | | ilina F | ee Paid SURTOTAL (3) (\$) | 165.00 |
| | | | | | SHELLINI (3) (/\$) | 465 (1/1) |

SUBMITTED BY

Name (Print/Type)

David S. Resnick

Registration No. (Altorney/Agent)

34,235

Telephone (617) 345-6057

Date 07/10/2003

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De Included on this form. Provide credit card information and authorization on P1U-2U38. This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| FFANAEIA |
| 07/16/2003 |

| PETITION FOR EXTENSION OF TIME UND | ER 37 CFR 1 | l.136(a) | Docket Number (C | Optional) 74113 | 35-000010-C | |
|---|--|--------------------------------|------------------------------|----------------------|--------------------|--|
| | In re Applicat | ion of Win | fried Siffert | | | |
| | Application Number 09/836.697 Filed April 16.2 | | | | | |
| | For USE OF A GE | NETIC MODIFICA OF DISEASES | ATION IN THE GENE FOR I | HUMAN G PROTEIN E | 3 SUBUNIT FOR THE | |
| | Art Unit | 1655 | Examiner | Carla | | |
| This is a request under the provisions of 37 CFR application. | 1.136(a) to exte | end the perio | d for filing a reply | in the above id | entified | |
| The requested extension and appropriate non-small | all-entity fee are | as follows | (check time period | d desired): | | |
| One month (37 CFR 1.17(a)(1)) | | | | \$ | | |
| Two months (37 CFR 1.17(a)(2)) | | | | \$ | | |
| X Three months (37 CFR 1.17(a)(3)) | | | | \$ | 930.00 | |
| Four months (37 CFR 1.17(a)(4)) | | | | \$ | | |
| Five months (37 CFR 1.17(a)(5)) | | | | \$ | | |
| X Applicant claims small entity status. See 37 | CFR 1.27. The | refore, the fo | ee amount shown | above is reduc | ed by one- | |
| half, and the resulting fee is: $$465.00$ | ·· | · | | | | |
| $oxed{\mathbb{X}}$ A check in the amount of the fee is encl | osed. | | | | İ | |
| Payment by credit card. Form PTO-203 | 8 is attached. | | | | | |
| The Director has already been authorized | ed to change | fees in this | application to a | Deposit Acco | ount. | |
| The Director is hereby authorized to character to Deposit Account Number 50 | arge any fees 0-0850 | which may | be required, or | credit any ove | erpayment, | |
| I have enclosed a duplicate copy of this | sheet. | | | RE | CEIVED | |
| I am the applicant/inventor. | | | | | | |
| assignee of record of the Statement under 37 | e entire intere | est. See 37 is enclosed | CFR 3.71. I (Form PTO/SB | JUI | 1 8 2003 | |
| x attorney or agent of rec | ord. | | , | TECH CE | NTER 1600/219 | |
| attorney or agent under Registration number if ac | | | | · | | |
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| 7/10/03 Date | | | Signat | ure | | |
| (617) 345 - 6057 Telephone Number | | Davi | id S. Resnick (I | | 235) | |
| NOTE: Signatures of all the inventors or assignees of record of the signature is required, see below. | he entire interest or | their representa | ative(s) are required. Su | ubmit multiple forms | s if more than one | |
| | s are submitted | | | | | |

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forms are submitted.